

Department of Mental Health December 22, 2015

COMMISSIONER'S MESSAGE

Previously operating as a division of mental health within the Vermont Department of Health, DMH was re-established in 2007 with an expanded statutory mandate to "...centralize and more efficiently establish the general policy and execute the programs and services of the state concerning mental health, and to integrate and coordinate those programs and services with the programs and services of other departments of the state, its political subdivisions, and private agencies, so as to provide a flexible comprehensive service to all citizens of the state in mental health and related problems." Act No.15 of 2007 restored a commissioner of mental health, delineating new areas of responsibility to ensure the coordination of mental health, physical health, and substance abuse services provided by the public and private health care delivery systems.

This re-establishment supports DMH's goal to broaden its role to include all Vermonters and to fulfill the statutorily mandated integration and coordination with other health care programs and services. As the framework for Vermont's health care reform evolved, it presented the challenge and the opportunity for DMH to focus on bringing together all of health care—physical health and mental health—within the developing systems of health reform. Research studies support the thinking that mental health has a profound impact on a person's physical health and other social determinants and, conversely, those impact mental health as well. DMH is continuing to lead the discussion regarding the role of health promotion, prevention, early intervention, and evidence-based treatment in health care reform as it relates to mental health and its integration with physical health. We continue to look for opportunities to provide leadership regarding shifting our system to be more inclusive of all Vermonters' needs.

This month, DMH presented these concepts to the Green Mountain Care Board as summarized in the article below. You may access Act No. 15 [2007] at this link: http://www.leg.state.vt.us/docs/legdoc.cfm?URL=/DOCS/2008/ACTS/ACT015.HTM

--- Frank Reed, Commissioner

MENTAL HEALTH & HEALTH CARE INTEGRATION

• Green Mountain Care Board Hearings on Integration of Mental Health Services
Integration of mental health services within the medical care system is essential to
improving Vermonters' health and lowering health care costs, Department of Mental
Health Deputy Commissioner Melissa Bailey and Medical Director J. Batra told the

members of the Green Mountain Care Board (GMCB) last week. How to integrate and reimburse those services remains a topic of discussion between DMH, mental health advocates, and the board.

DMH requested this opportunity to engage the board, which recently learned that the Centers for Medicare and Medicaid Services (CMS) will require integration as part of negotiations for an all-payer waiver. The waiver would give Vermont first-in-the-nation power to control Medicare funds across all medical providers. The State of Maryland has held a Medicare waiver for hospital charges since 1978. Such a waiver aims to promote a more integrated system of care while keeping costs under control. By *integration*, CMS means integration with mental health services as well as better linkages between primary care providers, specialty care, hospitals and other medical services.

DMH advocates for a range of integrated services to include:

- Strengthened collaboration among primary care practices, designated agencies, and independent mental health services providers
- Co-location between mental health providers and medical providers
- Full integration with shared systems and facilities

This range of integration would facilitate providing the right care at the right time for Vermonters, an important goal of healthcare reform.

In his presentation to the GMCB, Dr. Batra set the discussion in a context of population health with a focus on the whole person. He shared with the board an example of the role chronic stress plays in disease such as the finding that work stress may make one twice as likely to develop heart disease. Also noted by Dr. Batra was that our daily behaviors may have more consequences for our overall health than do visits to the doctor's office. While proactive mental health care costs on average \$86/client/visit, a single trip to the emergency room costs an average of \$2,100. In other words, someone who suffers from undue stress at work could see a therapist 24 times at a rate of \$86/visit, and learn new coping mechanisms that not only would address stress, but also stand a strong chance of helping that person avoid development of other health challenges such as heart disease.

Continuing his emphasis on addressing the whole person, Dr. Batra pointed to a study finding that assessing emergency-room patients who have a psychiatric disorder for substance use can substantially decrease future emergency room use. The study found that in a population of just over 12,000 patients with a psychiatric diagnosis who visited an emergency room, improved detection, referral, and treatment of substance use disorders decreased the number of emergency room visits from 900 to 100 in a 6-month period while total costs dropped from over \$1 million to just over \$100,000 during the same period. (http://www.ncbi.nlm.nih.gov/pubmed/12712033)

DMH will continue discussions with the Green Mountain Care Board and other health care reform leaders on the issue of integration.

WATERBURY STATE OFFICE COMPLEX

• Department of Mental Health is Moving to Waterbury on January 11th

DMH employees were relocated to temporary office space in Montpelier after Tropical Storm Irene devastated state offices, the former state hospital, and the Waterbury community at the end of summer in 2011. In addition to preparing for the opening of the Legislature on January 5th, DMH is in the midst of packing, archiving, and sorting records and files in time for moving day. Over the next three months, most Agency of Human Services departments will be consolidated at the rebuilt and restored State office facilities in Waterbury. The management and coordination of this change has been handled across multiple agencies and departments, including the Agency of Administration's departments of Buildings and General Services (BGS) and Information and Innovation (DII); the Agency of Human Services; and the Agency of Transportation. There are many pieces to this, ranging from the configuration and assignment of office space to new phone systems to public transportation to helping employees transition to a new work environment. The State has worked very hard to address all aspects of the move back to Waterbury.

Facilitating the DMH move is the Waterbury Move Coordination Team, a group of staff members who have worked for more than a year to prepare us all for the long-awaited rebuilding of the Waterbury State Office Complex that first opened in the 1970's to accommodate the growth of state government. Through the Advisory, and other sources, the public will be kept informed of new telephone numbers for reaching us and other important details.

• Art Installation at Waterbury Complex

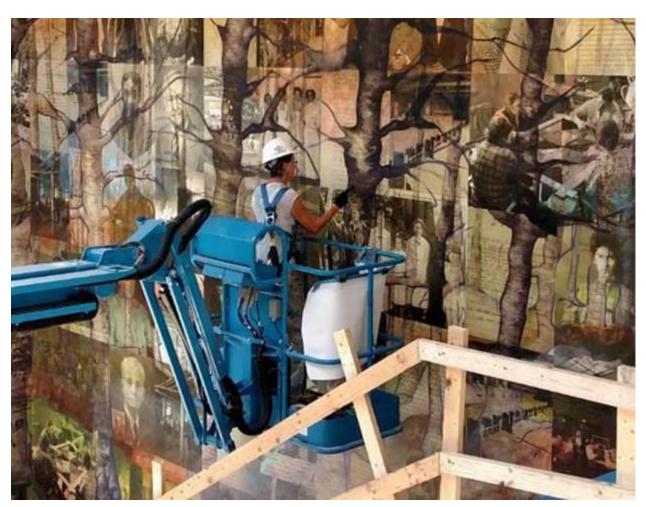
The newly constructed Agency of Human Services Building is now home to the works of three Vermont artists. <u>Sarah-Lee Terrat</u> of Waterbury, <u>Gordon Auchincloss</u> of Hardwick, and <u>Katharine Monstream</u> of Burlington were all commissioned through the <u>Vermont Art in State Buildings Program</u>, which supports the creation of site-specific works of art in designated state construction projects. Just as the restoration of several historic buildings on the site combined with the construction of a new facility successfully blends the past and the future, so too does the art.

Sarah-Lee Terrat completed a mural in the main atrium of the new building. The mural was inspired by the poem "Green and Gold" written by former Vermont State Hospital patient Jean Killary. Jean's poem, with its emphasis on fragility and simplicity, is a fitting metaphor for the relationship between the former hospital complex and the greater communities of Waterbury and the State of Vermont. The base layer is a collage of historic public documents and photos collected from the Vermont State Hospital archives, the Waterbury Historical Society, and the surrounding community. The top layer is painted in transparent acrylic glazes to suggest the organic shapes and colors of a Vermont birch grove in autumn. Read more about the mural here.

Gordon Auchincloss built a colorful kinetic sculpture entitled "Three Winds," now located in the center courtyard. Inspired by the idea of the power of individuals working together to achieve a common goal, the sculpture also adds color and delight to the space. Katharine Monstream is responsible for the third feature, a series of landscape paintings. These were created and installed as a memorial to Senator Sally Fox, a long-time supporter and advocate for children and vulnerable Vermonters. The paintings are

installed in the reception area on the second floor and reflect Senator Fox's favorite view of Lake Champlain. Monstream paintings were donated by Senator Michael Sirotkin and family.

All three works of art reflect specific connections to the history, culture, and people of the community and the State. Visitors to the space will find the artwork creates a warm, welcoming environment and honors the past.



COMMUNITY MENTAL HEALTH SERVICES

• Children's Mental Health Network

The CMHNetwork publishes a Friday Update, providing "weekly news and unbiased analysis of key issues focused on children, youth and families' mental health and well-being." DMH would like to share with *Advisory* readers a guest column, *Why Equating Mental Illness with Violence Harms Us All* by Congressman Paul Tonko (D-NY). This posting encourages us to avoid further stigmatizing those with mental illness in the face of the increasing incidents of violence in our nation. The abstract states: *We too often forget that those struggling with mental illness are constantly forced to fight a battle on two fronts. Not only do they have to grapple with*

themselves---with their own thoughts and mind---but they also have to contend with the negative assumptions made about those with mental illness, which are pervasive in our society. Those stereotypes, though, are hardly a figment of their imagination. Public opinion suggests that people with mental illness and violent tendencies go hand in hand. In fact, at least half of the American public believes that individuals with mental illness are inherently more violent. These claims are unfounded and they are completely unacceptable. Attitudes like this do nothing but aggravate the stigma that so many have spent decades trying to overcome. Read the post here.

 $\underline{\text{http://www.cmhnetwork.org/media-center/morning-zen/why-equating-mental-illness-with-violence-harms-us-}}$

<u>all?utm_source=ActiveCampaign&utm_medium=email&utm_content=CMHNetwork+Friday+Update+12-4-15&utm_campaign=CMHNetwork+Friday+Update+12-4-15</u>

To access the CMHNetwork Friday Updates, use this link. http://www.cmhnetwork.org/

LEGISLATIVE AND REGULATORY

• Vermont General Assembly

The Legislature will convene for the second half of the biennial session on Tuesday, January 5, 2016. On Thursday, January 7th, Governor Peter Shumlin will deliver his State of the State address to a joint session at 2:00 p.m. The Governor is expected to present his fiscal year 2017 budget on Thursday, January 21st at 2:00 p.m.

The Statehouse is almost ready for the re-convening of the General Assembly. There were only two major maintenance projects this summer, one for insulation work in the attic and the other for building up the foundation of the fire escape on the building's west side to make it more stable as well as sandblasting and painting the fire escape. The gift shop for tourists is now closed and the building will soon be humming with activity on the part of lawmakers, state officials, advocates and Vermont citizens speaking on issues.

The Legislature's website is an exhaustive resource on the goings on during the session, including bill tracking, committee testimony, House and Senate proceedings, members and staff, and the Joint Fiscal Office. http://legislature.vermont.gov/

The Fiscal Focus is a nonpartisan update prepared by the Joint Fiscal Office (JFO) to keep the citizen legislature informed of financial developments while the General Assembly is adjourned. The December 2015 issue contains the latest revenue update, budget gap update, actions taken by the Joint Fiscal Committee, and other fiscal news that may be of interest to *Advisory* readers in preparing for the session. It is only five pages and is found at this link.

http://www.leg.state.vt.us/jfo/publications/2015-12%20Fiscal%20Focus.pdf

DISPERSED LEVEL I SYSTEM OF CARE

• Vermont Psychiatric Care Hospital

Six Core Strategies - VPCH recently participated in the Agency of Human Services Quality Fair, and presented a summary of the implementation of the Six Core Strategies. The Quality Fair was an opportunity for all departments within the Agency to share performance improvement initiatives related to the AHS Strategic Plan. During the time the Six Core Strategies initiative has been in place at the Vermont Psychiatric Care Hospital, seclusion and restraint rates decreased from 1.14 hours in October-December 2014 to 0.52 hours in July-September 2015. The next year of planning and implementation of the Six Core Strategies will include incorporation and utilization of 13 staff leaders who attended the two-day Six Core Strategies training in November of this year. Implementation of the Six Core Strategies at VPCH is detailed on the poster attached to the *Advisory*.

Nutrition - How can nutrition make a difference in the treatment and recovery process of patients at VPCH? Many patients may not realize that food choices can influence our moods and vice versa, that our moods can influence our food choices and behaviors. Choosing certain foods may exacerbate depression, insomnia, anxiety, mania, fatigue, cravings, stress, and cognition. And for some, the food habits they have may contribute to weight gain, undesired weight loss and/or nutrient deficiencies. VPCH has developed a menu to give patients the opportunity to make choices that will allow them to meet nutrient requirements. Education opportunities are available on an individual and group basis to increase patient knowledge on how diet can impact mental and physical health.

Resources available in the community is considered in the patient discharge process to include a plan for obtaining and preparing food such as setting a patient up with SNAP (3Squares Vermont) and contacting local food share programs. VPCH encourages staff to avail themselves of nutrition education opportunities. Group topics include: Know Your Numbers—Blood Pressure, Cholesterol, and Weight; Diet and Weight Management; Food Trends; Diet and Diabetes; and Diet for Managing Hypertension.

Nursing- Recruitment, interviewing, and hiring continues. Attendance for orientation groups has averaged five for the past few months. While travel nurses continue to constitute approximately 50% of the total number of RN's, this is expected to decline in the future as VPCH hires more permanent nurses. The Education and Training staff, Eileen Worcester, MSN, and Ernie Lapierre, PhD., APRN, has worked to develop a training program for Mental Health Specialists to replace the Vera Hanks School of Psychiatric Technology. The Vera Hanks School was an education program developed in the 1950s that provided a career track for direct-care staff at the former state hospital; upon graduation, psychiatric technicians could advance to the next level through promotion from Mental Health Specialist to Associate Mental Health Specialist, the terminology that we use today. The new education and training curriculum, VPCH Associate Mental Health Specialist Course, will begin in early 2016. Graduate nurses (those having just graduated or with less than one year of experience) had not been hired for the past few years. New graduates and inexperienced nurses require a prolonged period of orienting and mentoring to develop their skills; environmental or staffing constraints prevented offering this previously. A process has been developed and volunteers have stepped up to mentor new graduates from nursing schools. Currently, one graduate nurse is in orientation, and another has been hired to begin in January.

STAFF ANNOUNCEMENTS

• Reba Porter has re-joined the Department of Mental Health in the newly-created role of Senior Auditor and Program Consultant. Reba is a dually-licensed mental health and substance abuse counselor with a Master of Science degree in Clinical Mental Health Counseling with a focus on community mental health and co-occurring disorder treatment. She has 15 years of experience in the fields of mental health and substance abuse treatment. She has worked in a variety of settings including inpatient psychiatry, residential community mental health, and mobile crisis intervention. Reba also has worked with pregnant and parenting women and with corrections-involved individuals in correctional settings, including probation and parole offices as well as in the Chittenden County Correctional Facility. She has a strong background in therapeutic group facilitation, provision of clinical supervision, programmatic quality assurance, and program administration. Previously, Reba worked for DMH as a Care Manager with a dedicated focus on Utilization Review. She was raised in St. Albans and now resides in Burlington with her family.

This new position was developed in response to the 2014 report from Vermont State Auditor Doug Hoffer. Among Reba's job responsibilities are developing a technical assistance process related to billing changes that affect Designated Agencies, manuals pertinent to payment or billing, and an audit process to review DA billing. http://auditor.vermont.gov/sites/auditor/files/Final%20DA%20report%20II%201 https://oxeditor.vermont.gov/sites/auditor/files/Final%20DA%20report%20II%201 https://oxeditor.vermont.gov/sites/auditor/files/Final%20DA%20report%20II%201 https://oxeditor.vermont.gov/sites/auditor/files/Final%20DA%20report%20II%201 https://oxeditor.vermont.gov/sites/auditor/files/Final%20DA%20report%20II%201 https://oxeditor.vermont.gov/sites/auditor/files/Final%20DA%20report%20II%201 https://oxeditor.vermont.gov/sites/auditor/files/Final%20DA%20report%20II%201 https://oxeditor.vermont.gov <a href="https://oxeditor.ver

- Erin Andrews has brought her six years of experience in bookkeeping and related tasks to DMH as a Financial Specialist II. Erin pays approved invoices for central office, adult and children's mental health units, Middlesex Therapeutic Community Residence, and Vermont Psychiatric Care Hospital. She enjoys working with numbers, communicating with vendors, and using Excel spreadsheets. Previously, Erin compensated field agents and general agents with payroll and commission payments for the National Life Group. She is delighted to join DMH colleagues in performing these essential functions and to feel energized doing what she enjoys every day. A native Vermonter, Erin grew up in Hancock where she went to elementary school in one of the last two-room school houses in Vermont.
- Anna Strong is Grant and Contract Administrator, working in the DMH Business Office on grants and contractual agreements with service providers. Anna's strong background in business finance combined with her desire to become re-involved in the mental health field has put these skills and interests to work for DMH and for service providers. A graduate of Johnson State College with a B.S. and double major in Financial Accounting and Business Management, Anna was a staff accountant at Cabot Creamery for 12 years prior to joining DMH. She had been a case manager at a mental health agency in Homer, Alaska, for six years, returned to Vermont, and began working at Cabot. A people person equipped to manage complex financial matters, Anna has found that being a cog in the wheel among designated agencies, state employees, and others at many levels is truly satisfying. A ninth generation Vermonter with family roots in Northfield, Anna was in

the last class in the 1-room school, the Red Brick Schoolhouse, near Norwich University. Today, she enjoys her 1870 house, a former parsonage, in Washington Village where she pursues old house restoration projects.

• **Kate Carter** has filled the Financial Administrator position in the Department of Mental Health. Kate worked for Mascoma Saving Bank in the Upper Valley Region for the last several years in progressively responsible positions as a teller, lead teller, and a position involving insurance and collateral tracking at the bank. During those years in full-time employment, Kate earned her Bachelor's degree in Business Administration from Southern New Hampshire University in 2014. The DMH Business Office is pleased to have Kate and all of our other new employees who are filling essential financial positions as well as grants and contract management.